## **2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 701712** 

Entity Name: THE POLISH AMERICAN CLUB OF MIAMI INC.

FILED
Jan 10, 2020
Secretary of State
1760391167CC

## **Current Principal Place of Business:**

1250 NW 22ND AVE MIAMI. FL 33125

## **Current Mailing Address:**

1440 79TH STREET CAUSEWAY SUITE 117 MIAMI, FL 33141 US

FEI Number: 59-0670493 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

PAWLOWSKI, MICHEL S. DR. 1440 79TH STREET CAUSEWAY STE. 117 MIAMI, FL 33141 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DR. MICHEL S. PAWLOWSKI 01/10/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

City-State-Zip:

Title PRESIDENT Title TREASURER

Name PAWLOWSKI, MICHEL S. DR. Name KRUSZEWSKI, ROSE

Address 1440 79TH STREET CAUSEWAY Address 1440 79TH STREET CAUSEWAY

SUITE 117 SUITE 117

MIAMI FL 33141 City-State-Zip: MIAMI FL 33141

Title 1ST VP Title 2ND VP

Name ROSENSTIEL, BLANKA Name LADOWSKI, LECH

Address 1440 79TH STREET CAUSEWAY Address 1440 79TH STREET CAUSEWAY

SUITE 117 SUITE 117

City-State-Zip: MIAMI FL 33141 City-State-Zip: MIAMI FL 33141

Title 3RD VP Title 4TH VP

Name KORZEB, KAZIMIERZ Name ZALEWSKI, LECH

Address 1440 79TH STREET CAUSEWAY Address 1440 79TH STREET CAUSEWAY

SUITE 117 SUITE 117

City-State-Zip: MIAMI FL 33141 City-State-Zip: MIAMI FL 33141

Title 5TH VP Title SECRETARY/PUBLIC RELATIONS

Name KWASNIAK, WESLEY Name DEMARI, MONIKA

Address 1440 79TH STREET CAUSEWAY Address 1440 79TH STREET CAUSEWAY

SUITE 117 SUITE 117

City-State-Zip: MIAMI FL 33141 City-State-Zip: MIAMI FL 33141

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DR. MICHEL S. PAWLOWSKI

**PRESIDENT** 

01/10/2020